

I cannot but think that, if care to prevent these accidents be not taken, the patient is spared some risks by the actual dislocation of the bone from its articular cavity. Preparations are to be seen in the Museum of St. Bartholomew's Hospital, where the shaft of the femur had been slowly driven into a cavity in the cancellous texture of the ilium, near to the acetabulum.

The instrument in use at the Royal Orthopædic Hospital for slowly drawing the femur, when dislocated, to its proper place, or for keeping up slow extension, combined with immobility of the limb, when the head of the bone still remains in the articular cavity, is described in Mr. Tamplin's work on *Deformities*, p. 38; or may be seen at the maker's, Mr. Fergusson, of Giltspur Street. It is fixed to the pelvis, and attached by a broad webbing strap to the abdomen. From this a steel bar passes down the outer part of the thigh, where it is fixed by a broad leather strap. Three screws at the junction of the steel bar with the pelvic band allow of three movements—1. Flexure; 2. Abduction; 3. Elongation. "The foot, leg, thigh, and hip, must first be bandaged with a flannel roller; for, unless the natural temperature is kept up, the restorative process cannot go on." (Tamplin, *On Deformities*, p. 185.)

I will add, in conclusion, that this treatment may be daily seen in practice in the Royal Orthopædic Hospital; and that I should indisputably try it, not for weeks, nor even months, but for years, if possible, before resorting again to so serious an operation as resection of the hip-joint, which, however successful in its issue, leaves the patient in a crippled state for at least an equal period of time, and which likewise shows, in a large proportion of cases, a fatal result.—*British Med. Journ.*, Jan. 2, 1858.

37. *Excision of the Knee*.—[Mr. HUMPHRY read a paper on this subject (March 9th, 1858), before the Royal Medical and Chirurgical Society, the following abstract of which, with the debate to which it gave rise, is of great interest as showing the present opinions of some of the distinguished London surgeons on the subject. There seems to us to have prevailed in Great Britain for a few years past quite a mania for resections, but it would now appear that more sober views were beginning to be entertained on the subject.]

Mr. Humphry's paper contained an abstract of thirteen cases operated on by the author. Of these, one (a little child in whom the operation was performed on account of acute suppuration of the joint) died; in four, amputation was required, the patients all recovering; and the remaining eight did well, retaining, or with the prospect of retaining, a useful limb in each case. In none were any severe constitutional symptoms excited by the operation, from which it might be inferred that the operation is not in itself one of much danger. Nevertheless, the processes of reparation are more difficult than after amputation; there is likely to be protracted discharge and recurrence of abscesses, etc., and therefore, when the patient is of strumous temperament, or in a very reduced state, amputation is to be preferred to resection. The results of excision are likely to be favourable in proportion as the disease for which it is performed is slight and not acute. Amongst the most suitable cases are those in which the severe stages of disease have passed by, and left the joint crippled, and the limb, consequently, useless. The cases also in which simple inflammatory disease, commencing in the synovial membrane, involves the cartilage and bones, destroying the former to such an extent as to leave little hope of a useful joint, are well suited to excision. But where the disease remains long confined to the synovial membrane, inducing great thickening and various other changes in it, the prospects of excision are less good, because the subjects of this form of disease are generally of strumous temperament, and some portions of the morbid structure are liable to be left, and so become sources of irritation and suppuration. Nevertheless, the author would not altogether decline to perform the operation in this latter class of cases, inasmuch as the remaining fragments of the diseased membrane may fall into a quiescent state and disappear, and the cases do well, provided the bones become firmly united to one another; and if the health begins to fail, the limb can still be removed. The operation is also well suited to some other cases of rarer occurrence, such as certain cases of chronic rheumatic arthritis, knock-knee in the adult, unreduced

dislocation, compound fracture of the patella, etc. In performing the operation, Mr. Humphry makes a crucial external incision, takes away the patella, and dissects the soft parts away from the bones no more than is absolutely necessary for the removal of their articular ends, is careful to tie the bleeding vessels, and to secure good apposition of the cut surfaces of the bones and of the skin. The straight position and quiescence of the limb are secured by splints and bandages, which should be changed no oftener than is necessary for cleanliness. The after-treatment was very simple in all the cases related; opiates were very rarely given, and stimulants were generally avoided.

Mr. HOLMES COOTE said he could not agree with the author in the conclusions at which he had arrived. Thirteen cases of resection had been detailed, six of which had been followed by amputation or death. Eight were young persons, and five adults. The author stated that resection should be resorted to only in slight cases, and among these he enumerated knock-knee in the adult, cases of contracted joints, &c. He (Mr. Holmes Coote) might be permitted to state what was the result in the largest hospital in London, having 642 beds, and 389 surgical beds. There had been admitted a vast number of cases of joint disease in every possible form, but during the last twelve months there had been but ten cases of amputation, and not a single case of resection. He ventured to say, in the presence of his senior colleagues, that there was not one case of diseased knee in which any man could have ventured to perform the operation of resection with an easy conscience. Resection should be regarded in a twofold point of view, as applying to the young and to the old. In young persons the result was often surprising, whilst in grown-up patients, the varied diseases of the internal organs to which they were subjected rendered the operation far more formidable. Of the ten amputations to which he had referred, three only had been upon young subjects. One of these was a pallid little Irish boy. There was not sufficient disease to require amputation under ordinary circumstances; but as the boy's health suffered, and the lungs were diseased, the limb was removed for the purpose of restoring the general health. Had it not been for the disease of the chest he had no doubt the knee would have ultimately recovered. The next case was that of a child who had met with an accident. The third was a young girl who suffered from necrosis of the femur; the limb was removed, and the patient died. In not one case had it been deemed necessary to perform the operation of resection. It might be said that patients had probably died in consequence of that operation not having been performed; but he had gone over the list of deaths with a view of ascertaining the point, and he found that during the past year there was scarcely a case upon record in which death had occurred from diseased knee. In only one case not operated on had death occurred—the case of a child (under Mr. Lloyd) who died from phthisis. He was unable to say why no operation had been performed. He, therefore, concluded that in children diseased knees, if properly treated, and in the absence of any great cause of excitement, would in time do well. Even in adults but few deaths had occurred from diseased knee-joints. There had been two cases in the hospital during the past year, and in both the men refused amputation. He would also mention the result of experience acquired in the Orthopædic Hospital, where cases of joint disease in every form were constantly brought, many of them having been condemned by other hospitals, and the patients declining amputation. Since 1851, between 300 and 400 cases had come under the notice of Mr. Tamplin, and the idea of amputation or resection never entered his head. Most of the cases had been relieved. Between the 10th of December last and the 10th of January, he could recall six cases of children who came to the hospital with joint diseases, all of whom told the same tale, that they had been to other hospitals, and that their limbs had been condemned, some for amputation and some for resection; but he was confident that in the course of a few months they would be able to walk far better than they could with a wooden leg, or an excised joint. He did not know of a single case in which resection had been performed in the upper ranks of society.

Mr. SKER said he listened with considerable attention to the details of the various cases recorded by the author, who he fully expected would himself have

concluded from the evidence he had adduced that he ought not to recommend the operation of resection to the Society. There were thirteen cases and five amputations! Had the author calculated that five amputations out of thirteen cases of resection amounted to something like thirty per cent. of failures? Were they in the habit of recommending any operation which exhibited such an enormous proportion of failures? He considered that the inventor, as well as the modern re-introducer of the operation of resection had great claims upon the acknowledgment of the profession, because he considered the operation to be a great invention or discovery, which might be subservient to the most important uses in the restoration of limbs. But the question was not whether, by sawing off the extremities of a bone, and bringing the two surfaces into contact, a useful limb might be retained; but the question was, who should determine when such an operation should be performed? The author had alluded to a "judicious selection of cases." He might refer, however, to the statistics mentioned by Mr. Coote, showing that St. Bartholomew's Hospital, in the course of the last five years, had produced no aggregate equal to that of the author alone. Another striking fact was, that these remarkable cases of excision came from comparatively few quarters, and were not spread over the whole of the profession. It could not be said that one practitioner had three cases and another five; but twelve cases came from one surgeon, fifteen from another, and fourteen from another, the whole number being confined to a few persons with whom the practice appeared to be the rule rather than the exception. It behoved the authorities of the profession to stand forward and declare where the line should be drawn. He knew of no disease that required more patience, more knowledge, more perseverance, more anxious watching day by day before the end was accomplished, than joint disease. He had before him the vision of his own master and friend Abernethy, who narrowly watched cases of that kind week after week, and month after month, and rarely failed in restoring them without having recourse to the operation of resection, which he regarded as a substitute for amputation, and which ought only to be regarded as a *pis aller* when all the other methods of treatment had failed.

Mr. CURLING said he thought Mr. Holmes Coote had been a little too credulous in believing the statements made by the patients coming to the Orthopædic Hospital, to the effect that their limbs had been condemned elsewhere. He believed there was scarcely a case of diseased joint in children requiring amputation, and he did not believe that the statements made to Mr. Coote were true.

Mr. HUMPHRY said his statement was, that excision of the joint should be performed in cases where the joint was not likely to be restored to usefulness. He had remarked that such diseases rarely terminated fatally; and he did not propose excision as a means of saving life, but as a means of restoring a useful limb. It might be true that amputation was not required to save the patient; but the question was, what kind of joint had been left in the cases treated in the ordinary way. Frequently the disease passed off after a time; but when it reached the point to which he had referred in his paper, it was not often that a useful limb was left; but by the operation of excision in such cases the use of the limb was in a great measure recovered, without danger to the patient's life.

Mr. TAMPLIN could not conceive that any surgeon was justified in putting the life of a patient in danger for the chance of restoring a limb, in the way proposed. According to statistics recently published, the operation was fatal in one case out of six; and even from the author's statement it appeared that the operation was not free from risk. As to the result of the more favourable cases, he was not aware that bony union was established except in a few instances; if that did not take place, the operation was a great failure, and there being no ligaments to hold the bones together the limb was like a flail. The first case mentioned was that of simple contraction of the knee-joint, displacement upwards and backwards; and cases of that kind had been from the first successfully treated at the Orthopædic Hospital by extension, and by subcutaneous division of the tendons. Not one fatal case had occurred at the hospital, and out of the large number of cases of diseased joint in children, he had not seen

one that failed to be cured by the most ordinary care and attention. Some time ago, a boy came to the hospital with thirty openings extending from above the condyles of the femur to the ankle-joint. Amputation had been recommended by more than one surgeon. The boy, on applying, was about 10 or 11 years old; he was now about 17 or 18, and every wound was healed, the joint being no larger than the other, and he had no doubt that the leg would be entirely restored. He had asked the patient whether he would have preferred to have his leg off six years ago, or be in his present condition, with the prospect before him of having a straight leg; and he had expressed but one opinion upon the subject, which was in favour of the course of treatment that had been adopted. Dr. Sigmund, of Vienna, had told him that he never amputated, nor did he think a surgeon was justified in amputating, in young subjects, unless there was a prospect of hemorrhage.—*Med. Times and Gaz.*, March 20, 1858.

38. *Treatment of Enlarged Bursæ.*—Mr. WM. COULSON, in an interesting clinical lecture on this subject, which has given rise to much difference of opinion and practice, makes the following practical remarks:—

"Reasoning from analogy, we might conclude that inflamed bursæ should be treated as inflamed synovial membranes, and indolent bursæ as encysted tumours. To a certain extent this may be true; but a great deal depends on the circumstances of each case. It is evident that active inflammation must be subdued by active means; but when this has been done, or when the tumour is naturally indolent, what treatment should we pursue? The principal methods recommended are—1. Rest and pressure. 2. Counter-irritation, mercurial or iodine frictions, &c. Abundant evidence exists to show that these and other similar means generally fail to effect a permanent cure. 3. Excision of the sac. In cases of small consolidated tumours this practice may sometimes be adopted; but extirpation of the bursæ is a severe operation; it has been followed by considerable inflammation, great disturbance of the health, and in some cases by death. 4. The bursal tumour, again, may be treated as a chronic abscess. It may be laid freely open by incision, or the contents may be evacuated, and iodine injections thrown in to modify the action of the lining membrane. 5. The practice, however, which I adopt myself, and which I would recommend to you, is more simple than any of the preceding; yet I have found it effective. The enlarged bursa is punctured with a grooved needle, such as is used for exploring tumours and swellings of a doubtful character. After evacuation of the contents, pressure is applied by means of soap-plaster and bandage; this is renewed from time to time, and puncture of the sac also repeated if necessary. The result is generally a permanent and safe cure. Even in cases where the bursæ are inflamed, and the skin over them red, I should prefer the puncture now noticed to making any incision into the tumours or supposed abscesses. You will have observed that incisions were made by the house-surgeons in both the cases related to you, and that a considerable quantity of purulent matter was discharged through the wounds. This is not conformable to my practice. In one case it appeared to have answered well; but in that of Susan S—, the patient's life was very seriously endangered by extension of the inflammation to the joint and the neighbouring parts."—*Lancet*, May 8, 1858.

39. *Use of the Tincture of Aconite as a Preventive of Rigor after the Introduction of Instruments into the Urethra.*—JAS. LONA, Esq., Surgeon to Liverpool Infirmary, states (*Liverpool Medico-Chirurgical Journal*, Jan. 1858) that he had recently under his care at the Infirmary, at the same time, three cases of irritable and almost impermeable stricture of the urethra; in all of which it was impossible to make any progress by dilatation, in consequence of the severe rigors which ensued after each attempt to pass the catheter. Finding that the ordinary appliances did not prevent the occurrence of the rigors, and that the introduction of the instrument could not be attempted oftener than three or four times in a fortnight, in consequence of the severe local and constitutional irritation which followed its use, he adopted the following plan: He gave two minims of Fleming's tincture of aconite, in an ounce of water,